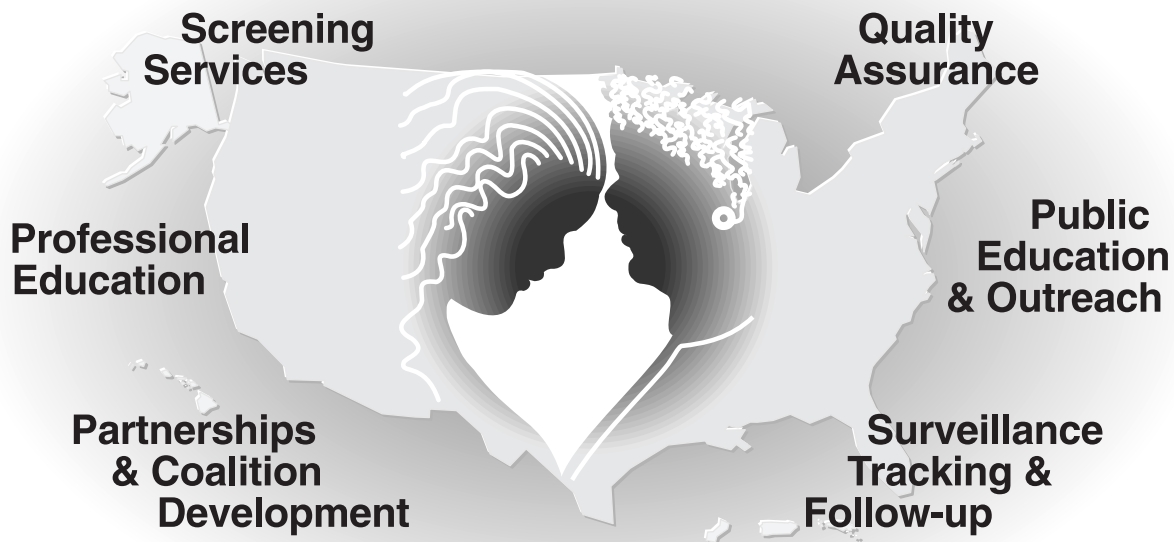


The National Breast and Cervical Cancer Early Detection Program

AT-A-GLANCE
1999



"Over 1.2 million women have taken advantage of services provided through CDC's National Breast and Cervical Cancer Early Detection Program. Less than a decade old, this program now operates in every state in the country, providing recommended screening to low-income women. Yet we are still only able to reach 15% of the eligible population. As a nation, we must step up our commitment to reaching all women."

Jeffrey P. Koplan, MD, MPH
Director, Centers for Disease Control and Prevention



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



Breast and Cervical Cancer Screening: Preventing Unnecessary Deaths Among Women

An estimated 2 million American women will be diagnosed with breast or cervical cancer in this decade, and half a million women will lose their lives to these diseases. A disproportionate number of deaths will be among women of minority and low-income groups.

Many of these deaths could be avoided by making screening services available to all women at risk. Such screening measures could prevent approximately 15%–30% of all deaths from breast cancer among women over the age of 40 and virtually all deaths from cervical cancer.

Excluding skin cancer, breast cancer is the most common cancer among American women and is second only to lung cancer as a cause of cancer-related death. An estimated 175,000 new cases of breast cancer among women will be diagnosed in 1999, and 43,300 women will die of this disease.

The incidence of invasive cervical cancer has decreased significantly over the last 40 years, in large part because of early detection efforts. Even so, an estimated 12,800 new cases of invasive cervical cancer will be diagnosed in 1999, and 4,800 women will die of this disease.

In most cases, the earlier breast cancer is detected, the better the survival rate. When breast cancer is diagnosed at a local stage, the 5-year survival rate is 97%. When breast cancer is diagnosed after it has spread, the 5-year survival rate decreases to 21%.

Benefits of Screening

Mammography is the best way to detect breast cancer in its earliest, most treatable stage—an average of 1.7 years before the woman can feel the lump. Mammography also locates cancers too small to be felt during a clinical breast examination.

The primary purpose of cervical cancer screening—which is performed by the Papanicolaou (Pap) test—is not to detect cancer but to find precancerous lesions. Detection and treatment of such lesions can actually prevent cervical cancer.

Cervical cancer screening also offers great benefits. For a woman found to have precancerous cervical lesions or to have cancer in its earliest stage, the likelihood of survival is almost 100% with timely and appropriate treatment and follow-up.

CDC's National Breast and Cervical Cancer Early Detection Program

Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990. This act authorized CDC to provide critical breast and cervical cancer screening services to underserved women, including older women, women with low incomes, and women of racial and ethnic minority groups.

Through its landmark National Breast and Cervical Cancer Early Detection Program (NBCCEDP), CDC now supports screening activities in all 50 states, in 5 U.S. territories, in the District of Columbia, and through 15 American Indian/Alaska Native organizations. By October 1997, more than 1.5 million screening tests had been provided by the NBCCEDP.

Fiscal year 1999 appropriations of approximately \$158 million enable CDC to establish greater access

to screening and follow-up services, increase education and outreach programs for women and health care providers, and improve quality assurance measures for screening. Despite its success in screening more than a million women, with existing resources the NBCCEDP is able to screen only 12%–15% of the eligible population for these two cancers.

The legislation for NBCCEDP does not authorize CDC to pay for treating breast and cervical cancer. However, participating state programs have been determined and creative in ensuring that treatment services are available for women diagnosed with breast cancer or cervical abnormalities. The availability of treatment sources reflects the extent of state and local government support, the generosity of medical providers, and the commitment of communities.

CDC'S National Leadership

Screening alone is not sufficient to prevent unnecessary illness and death. Essential technical and scientific underpinnings must be in place at the national level to support state-based programs. CDC collaborates with state health agencies, professional and voluntary organizations, academia, and other federal agencies to ensure that the following elements are in place to serve as resources for states:

- Quality assurance.
- Program tracking and evaluation.
- Professional education.
- Public education and outreach.

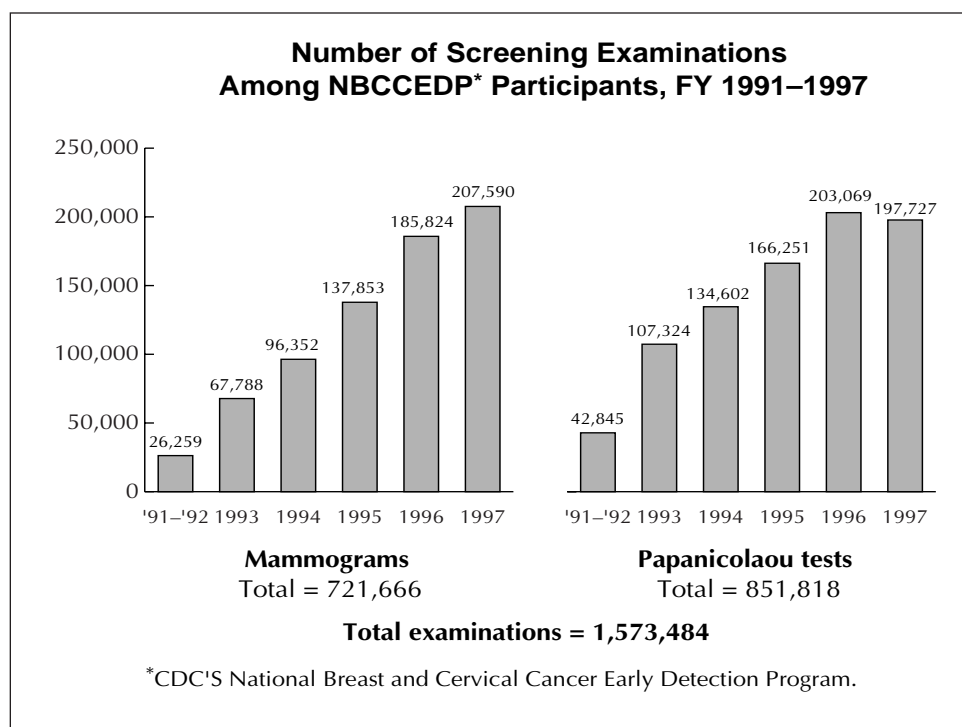
Ensuring Quality Screening and Follow-Up Services for Women

Quality assurance is essential if screening for early detection is to be an effective tool for controlling cancer. To help ensure the quality of the screening and follow-up process, CDC has collaborated with the American College of Radiology to improve and certify the quality of mammography screening, developed guidelines on the evaluation of common breast problems, used program data to monitor health outcomes, and issued recommendations on a public health response to the regulatory closure of cervical cytology laboratories. In addition, CDC provides

screening and diagnostic guidelines to all state-based programs and assists states in evaluating their clinical services.

CDC recently evaluated how early detection programs in seven participating states (California, Michigan, Minnesota, New Mexico, New York, North Carolina, and Texas) developed strategies to obtain resources not only for diagnostic services, for which the NBCCEDP provides funding, but also for treatment services, which the NBCCEDP requires participating states to provide but cannot (by law) reimburse. Results of the study indicate that treatment had been initiated for almost all NBCCEDP clients in whom cancer was diagnosed. However, the programs pointed out that the approaches used to obtain these services were short-term, labor-intensive solutions that diverted resources away from screening activities.

As more women are screened by the NBCCEDP, participating health agencies and providers will experience greater challenges in obtaining sufficient resources for treating women with breast and cervical cancer. CDC has expanded its case management services to help women overcome financial, logistical, and other barriers to these services. However, more formalized and sustained mechanisms need to be instituted to ensure that all women screened have ready access to appropriate treatment and follow-up.



Tracking Program Outcomes

To better target critical screening activities, CDC works with states to collect critical information to monitor program progress in reaching women and detecting cancer. Since its inception, the NBCCEDP has

- **Provided over 700,000 mammograms to women.**
Of this number, over 48,000 were abnormal, and over 3,600 cases of breast cancer were diagnosed.
- **Provided over 850,000 Pap tests.**
Of these, over 25,000 were abnormal, and over 26,000 cases of precancerous lesions were diagnosed. Over 400 cases of invasive cervical cancer were diagnosed.

CDC also provides and tracks diagnostic evaluations for women who have had abnormal results through screening initiated by providers not involved with the NBCCEDP.

Public Education and Outreach: Eliminating Barriers to Screening

CDC collaborates with health care professionals and organizations, human service and voluntary organizations, academia, and health agencies participating in the program to address barriers to screening.

National Collaboration

Examples of CDC collaboration with national organizations include the following:

- CDC collaborates with the **American Cancer Society (ACS)** to develop and disseminate comprehensive information on cancer prevention and early detection. Through CDC, ACS divisions have formed partnerships with state health departments to increase screening services to medically underserved women. CDC and ACS collaborate in many programmatic areas, including establishing program infrastructure and public and professional education activities.
- A unique public-private partnership was established among CDC, **Avon Products Inc.**, the **YWCA of the U.S.A.**, the **National Alliance of Breast Cancer Organizations (NABCO)**, and the **National Cancer Institute**. Avon's Breast Cancer Awareness Crusade has raised more than \$25 million for breast cancer programs nationwide

Barriers to Screening

Fear. Women may be afraid to discover that they have cancer.

Cost. Many women cite cost as the reason they do not use early detection programs. Many are not aware of the availability of low-cost programs.

Lack of Transportation. For many women who lack transportation, convenient location of screening facilities is important.

Communication Barriers. Communication styles and methods appropriate for one group may be inappropriate for another.

Lack of Physician Referral. Studies have shown that women are more likely to be screened if their physician recommends screening.

Lack of Child Care. Some women need assistance with arranging child care to be able to use screening services.

through the sale of its Breast Cancer Awareness pink ribbon products. Since 1993, about 300 community-based programs in 49 states and Puerto Rico have received funding from Avon's program through the YWCA of the U.S.A. and NABCO to educate women about breast cancer and to provide underserved women with access to early detection services. Beginning in 1998, all funding of community-based programs was consolidated under the Breast Health Access Fund administered by NABCO.

States Take Action to Educate Women

With CDC's leadership, state-based programs have made significant progress in building state and community partnerships to reach women about the benefits of screening and early detection. Various outreach activities have been designed to educate women and motivate them to be screened. For example,

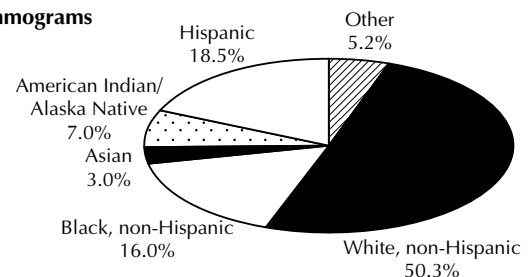
- **New Jersey's** state health department is collaborating with the University of Medicine and Dentistry of New Jersey and the YWCA to reduce screening barriers by offering educational outreach and access to screening. Program staff make monthly visits to senior housing complexes and other settings where women congregate (e.g., beauty parlors and supermarkets) to present an educational program designed for minority women aged 50 and older and to schedule appointments for screening in a mobile mammography unit that comes to the site 2 weeks later.
- **Arkansas'** "Hats Off to Health" is a light-hearted but informative skit in which characters confront reasons women often give for not having breast cancer screening. Over 600 women have attended the program; surveys found that this nonthreatening approach to breast cancer screening education was effective in reducing perceived barriers to mammography.
- **Massachusetts'** Breast and Cervical Cancer Initiative has established partnerships with a variety of community agencies already active in conducting outreach in racial and ethnic minority communities. Using a health circle model, groups meet in spaces that are familiar, accessible, and comfortable (e.g., homes, churches, and local agencies such as immigration offices). The health circle model has proved especially successful in promoting screening among older Southeast Asian women.
- **Washington, D.C.'s** breast and cervical cancer program has recruited a woman minister to work with Project WISH to raise breast health awareness in the faith community. Over 20 activities have been implemented, including the

hosting of prayer breakfasts, workshops and forums, and pink ribbon teas; the distribution of literature and pink ribbons; and the publication of announcements in religious bulletins. In addition, on Sundays activities focusing on screening awareness have been conducted with testimonies from survivors and educational talks on breast health.

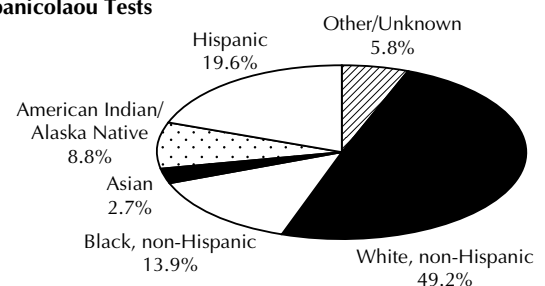
- The **Cherokee Nation of Oklahoma** has developed an educational video on the importance of breast self-examination for American Indian women. Funded through the Avon Breast Health Access Fund, the video highlights three American Indian cancer survivors advocating for early detection through breast self-examination.

Percent Distribution of Screening Examinations Among NBCCEDP* Participants, by Race/Ethnicity, FY 1991–1997

Mammograms



Papanicolaou Tests



*CDC's National Breast and Cervical Cancer Early Detection Program.

Partnerships for Cancer Control in Populations at Higher Risk

Partnerships that focus their prevention efforts on those at greater risk are essential for understanding and alleviating disparities. Both mammography and Pap tests are underused by women who are members of racial and ethnic minority groups, have less than a high school education, are older, or live below the poverty level.

CDC funds a strong and effective network of partners that are well-positioned in communities at risk. These partners have developed projects that are focused on underserved populations and cover a wide range of public and professional education interventions. For example, many projects are involved with developing low-literacy, bilingual, and culturally appropriate educational materials that are used in diverse training and outreach programs and educational campaigns. The various interventions used by the different projects result in the common goal of increasing access to and use of screening services for priority populations.

Professional Education: Enhancing Health Care at the Source

Professional education is designed to enhance the quality of care that women receive. Through education, the NBCCEDP has assisted a wide range of health care professionals—including physicians, nurses, radiology technologists, and cytologists—to better understand their key roles in the early detection of breast and cervical cancer.

In 1998, CDC's National Training Center provided two training programs and one self-study informational packet for health professionals. For 1999, CDC is developing a self-study packet on follow-up of abnormal findings from clinical breast examinations and mammograms and a workshop and self-study packet on evaluation-based work plans that will assist personnel in state and local health agencies and tribal organizations.

CDC funds the following partners to promote screening among populations at higher risk:

American Social Health Association
Association of Asian Pacific Community Health Organizations
Baylor College of Medicine, Salud en Accion Program
Institute for the Advancement of Social Work Research
Mautner Project for Lesbians with Cancer
National Asian Women's Health Organization
National Association of Community Health Centers
National Caucus and Center on Black Aged, Inc.
National Center for Farmworkers Health, Inc.
National Education Association Health Information Network
National Hispanic Council on Aging
U.S. Conference of Mayors' Research and Education Foundation
The Witness Project
World Education

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